## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

MR 1075-936

| CLAIMS AS FILED - PART (Column 1)  |                    |   |                 |                               |              | (Column 2)       |          | SMALL ENTITY TYPE   |                        | OR  | OTHER THAN OR SMALL ENTITY |                        |
|--|--------------------|---|-----------------|-------------------------------|--------------|------------------|----------|---------------------|------------------------|-----|----------------------------|------------------------|
| TOTAL CLAIMS   |                    |   | $\bigcap$       |                               |              |                  | ſ        | RATE                | FEE                    | ]   | RATE                       | FEE                    |
| FOR  |                    |   | NUMBER FILED    |                               | NUMB         | ER EXTRA         | ľ        | BASIC FEE           | 355.00                 | OR  | BASIC FEE                  | 710.00                 |
| TOTAL CHARGEABLE CLAIMS  |                    |   | minus 20=       |                               | *            |                  | Ì        | X\$ 9=              |                        | OR  | X\$18=                     |                        |
| INDEPENDENT CLAIMS   |                    |   | minus 3 =       |                               | *            |                  | ı        | X40=                |                        | OR  | X80=                       |                        |
| MU   | LTIPLE DEPEN       | IDENT CLAIM P                             | RESENT          |                               |              |                  |          | +135=               |                        | OR  | +270=                      |                        |
| * If the difference in column 1 is less than zero, er  |                    |   |                 |                               | r "0" in c   | column 2         | L        | TOTAL               |                        | OR  | TOTAL                      |                        |
|  | С                  | LAIMS AS A                                | MENDED          | MENDED - PART II              |              |                  |          | , 0 ,, ,, ,         |                        | Jon | OTHER                      | THAN                   |
|  |                    | (Column 1)                                |                 | (Colui                        |              |                  |          | SMALL E             |                        | OR  | SMALL                      |                        |
| AMENDMENT A  |                    | REMAINING<br>AFTER<br>AMENDMENT           | 12.77           | NUM<br>PREVIO<br>PAID         | BER<br>DUSLY | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |     | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total              | *   | Minus           | **                            |              | =                |          | X\$ 9=              |                        | OR  | X\$18=                     |                        |
|  | Independent        | *<br>NTATION OF M                         | Minus           | ***                           | F.CL AINA    | ]=               |          | X40=                |                        | OR  | X80=                       |                        |
|  | FINOT FNESE        | NTATION OF IVI                            | JUNPLE DEF      | ENDEN                         | CLAIM        |                  |          | +135=               |                        | OR  | +270=                      |                        |
|  |                    |   |                 |                               |              |                  | L        | TOTAL<br>ADDIT. FEE |                        |     | TOTAL<br>ADDIT. FEE        |                        |
|  |                    | (Column 1)                                |                 | (Colu                         |              | (Column 3)       | . ′      |                     |                        |     |                            |                        |
| AMENDMENT B  |                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |     | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total              | *   | Minus           | **                            |              | =                |          | X\$ 9=              |                        | OR  | X\$18=                     |                        |
|  | Independent        | *   | Minus           | ***                           | T OL 4 13 4  | -                |          | X40=                |                        | OR  | X80=                       |                        |
|  | FIRST PRESE        | NTATION OF MI                             | JUIPLE DEP      | ENDEN                         | CLAIM        |                  | <b>!</b> | +135=               |                        | OR  | +270=                      |                        |
|  |                    |   |                 |                               |              |                  | L        | TOTAL<br>ADDIT. FEE |                        | OB. | TOTAL<br>ADDIT. FEE        |                        |
|  |                    | (Column 1)                                |                 | (Colu                         | mn 2)        | (Column 3)       | ,        | NUUII. PEE B        |                        |     | ADDI1. FCCI                |                        |
| AMENDMENT C  |                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |     | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total *            | *   | Minus           | **                            |              | =                |          | X\$ 9=              |                        | OR  | X\$18=                     |                        |
|  | Independent        | *<br>NTATION OF M                         | Minus           | ***                           | E CL AINA    | =                |          | X40=                |                        | OR  | X80=                       |                        |
| <u> </u>   | FINOI PRESE        | NIATION OF M                              | OLITE DEF       | CNUEN                         | CLAIM        |                  | <b>'</b> | +135=               |                        | OR  | +270=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE |                    |   |                 |                               |              |                  |          |                     | -                      | OR  | TOTAL                      |                        |
| ***  | If the "Highest Nu | mber Previously Pa<br>ber Previously Pa   | aid For" IN THI | S SPACE                       | is less tha  | an 3, enter "3." | _        |                     | ropriate bo            | l   | ADDIT. FEE<br>lumn 1.      | <u> </u>               |